### **EXHIBIT D**

Part 10

wry

Feb 28, 2008

Irving H. Picard. Esq.

Trustee for Bernard Madoff Investment Securities LLC

Claims Processing Center

2100 McKinney Ave

Suite 800

Dallas TX 75201

RE: Westport National Bank Account number 1-W0106-3-0

Renee Ridzon Retirement Plan, account number 61005027300

To: Irving H. Picard

In accordance with your instructions, please find enclosed

- 1) Completed claim form-Document A
- 2) Documented of value of account as determined by calculation by multiplying the total percent share of total units held (Individual Account Statement-Document B) by the total value held by Westport National Bank (Bernard L. Madoff Account Statement-Document C) 0.000433 x \$ 60,740,251.25 = \$26,300.00
- 3) Documentation of deposits into the account, Westport National Bank Receipts and Disbursements-Document D and Letter to Renee Ridzon from PSCC dated May 13, 2008 documenting the total amount deposited into the account-Document E \$7,308.00 as stated in May 13 2008 letter-Document E.
- 4) Record of transactions for the account-Document F

Please do not hesitate to contact me with questions or if further information is needed

Contact information

Renee Ridzon

1230 5<sup>th</sup> Ave N

Apt 201

Seattle WA 98109

Cell-206 310 6573, Work-206 709 3100 or 206 709 3383, Home-206 352-2981

Email-renee.ridzon@gatesfoundation.org

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Claim Number	
Date Received	

#### BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

#### **DECEMBER 11, 2008**

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE 306 709 3383

HOME:206 310 6573

Taxpayer I.D. Number (Social Security No.)

Account Number: 1W0106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008.
  - a. The Broker owes me a Credit (Cr.) Balance of
  - b. I owe the Broker a Debit (Dr.) Balance of

\$ 26,300.00 \$\_\_\_\_\_ information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>\</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		\ <u>`</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u></u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	*	
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u>\</u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u>\</u>

Feb 28, 2008

Irving H. Picard. Esq.

Trustee for Bernard Madoff Investment Securities LLC

Claims Processing Center

2100 McKinney Ave

Suite 800

Dallas TX 75201

....

RE: Westport National Bank Account number 1-W0106-3-0

Renee Ridzon IRA account number 69001134300

To: Irving H. Picard

In accordance with your instructions, please find enclosed

- 1) Completed claim form-Document A
- 2) Documented of value of account as determined by calculation by multiplying the total percent share of total units held (Individual Account Statement-Document B) by the total value held by Westport National Bank (Bernard L. Madoff Account Statement-Document C) 0.00716 x \$ 60,740,251.25 = \$43,490.00
- 3) Documentation of deposits into the account, Westport National Bank Receipts and Disbursements-Document D and Letter to Renee Ridzon from PSCC dated May 13, 2008 documenting the total amount deposited into the account-Document E \$30,000.00 as tabulated from Receipts and Deposits-Document D
- Record of transactions for the account-Document F

Please do not hesitate to contact me with questions or if further information is needed

Contact information

Renee Ridzon

1230 5<sup>th</sup> Ave N

Apt 201

Seattle WA 98109

Cell-206 310 6573, Work-206 709 3100 or 206 709 3383, Home-206 352 2981

Email-renee.ridzon@gatesfoundation.org

Doc. A

#### **CUSTOMER CLAIM**

Claim Number	
Date Received	

#### BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

#### **DECEMBER 11, 2008**

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

OFFICE: 306 709 3383

HOME: <u>206 310 6573</u>

Taxpayer I.D. Number (Social Security No.)

A KORAMANANANANANA

Account Number: 1W0106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of **December 11, 2008**:
  - a. The Broker owes me a Credit (Cr.) Balance of
  - b. I owe the Broker a Debit (Dr.) Balance of

s 43490.00

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502180406

	C.	If you wish to repay the Debit Bala	ince,				
		please insert the amount you wish	to repa	ay and			
		attach a check payable to "Irving H. Picard, Esq.,					
		Trustee for Bernard L. Madoff Inve	estment	t Securities LLC.	ř		
		If you wish to make a payment, it	must b	e enclosed			
		with this claim form.		\$			
	d.	If balance is zero, insert "None."					
2.	Clair	m for securities as of <b>December 11</b>	, 2008:				
PLEASI	E DO	NOT CLAIM ANY SECURITIES YO	U HAV	E IN YOUR POS	SESSION.		
			+	YES	NO		
	a.	The Broker owes me securities					
100	b.	I owe the Broker securities		produced to the last			
	C.	If yes to either, please list below:					
					er of Shares or nount of Bonds		
Date o Fransac (trade d	tion	Name of Security		The Brok Owes Me (Long)			
		Action to the second se		-			
133 mm		y 110 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		-			
	<del></del> -	- April - Apri	- 14C-255H	<u> </u>	<u></u>		
- 1000	uniquality.						

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

### information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	× ·	YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>\</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>\</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	8	
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u>\</u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	<u>\</u>		
	Please list the full name and address of anyone assisting you in the preparation of this claim form:	ne 		
	annot compute the amount of your claim, you may file an estimated c lease indicate your claim is an estimated claim.	laim. In that		
CONVIC	IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.			
	OREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST MATION AND BELIEF.	ST OF MY		
Date	2/28/08 Signature Lence Redy			
	Signature			
address, than a pe	ership of the account is shared, all must sign above. Give each ow some number, and extent of ownership on a signed separate she ersonal account, e.g., corporate, trustee, custodian, etc., also state you hority. Please supply the trust agreement or other proof of authority	eet. If other our capacity		

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

COM

Feb 28, 2008

Irving H. Picard, Esq.

Trustee for Bernard Madoff Investment Securities LLC

Claims Processing Center

2100 McKinney Ave

Suite 800

Dallas TX 75201

24140 1717 340.

RE: Westport National Bank Account number 1-W0106-3-0

Renee Ridzon Roth IRA, account number 69003026300

To: Irving H. Picard

In accordance with your instructions, please find enclosed

- 1) Completed claim form-Document A
- 2) Documented of value of account as determined by calculation by multiplying the total percent share of total units held (Individual Account Statement-Document B) by the total value held by Westport National Bank (Bernard L. Madoff Account Statement-Document C) 0.002218 x \$ 60,740,251.25 = \$134,781.00
- 3) Documentation of deposits into the account, Westport National Bank Receipts and Disbursements-Document D and Letter to Renee Ridzon from PSCC dated May 13, 2008 documenting the total amount deposited into the account-Document E \$27,151.79 as stated in May 18, 2008 letter-Document D
- 4) Record of transactions for the account-Document F

Please do not hesitate to contact me with questions or if further information is needed

Contact information

Renee Ridzon

1230 5<sup>th</sup> Ave N

Apt 201

Seattle WA 98109

Cell-206 310 6573, Work-206 709 3100 or 206 709 3383, Home-206 352 2981

email.

renee. rid zon @gatesfoundahon.org

Renée Ridge

Part 10 Pg 11 of 30

#### **CUSTOMER CLAIM**

Claim Number	
Date Received	

#### BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

#### **DECEMBER 11, 2008**

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Provide your office and home telephone no.

office: <u>306</u> 709 3383

HOME: 206 310 6573

Account Number: 1W0106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- - Claim for money balances as of **December 11, 2008**:

    a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

\$	134	781	,00
	1)	,	
<b>C</b>			

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08-01789-cgm Doc 4111-23 Filed 05/27/11 Entered 05/27/11 17:31:44 Exhibit D Part 10 Pg 12 of 30

If you wish to repay the Debit Balance,

C.

		please insert the amount you wish	to repa	ay and		
		attach a check payable to "Irving H	l. Picar	d, Esc	1-1	
		Trustee for Bernard L. Madoff Inve	stmen	t Secu	rities LLC."	
		If you wish to make a payment, it r	nust b	e enc	losed	
		with this claim form.			\$	
18	d.	If balance is zero, insert "None."				
2.	Clai	m for securities as of December 11,	2008:			
PLE/	ASE DO	NOT CLAIM ANY SECURITIES YO	U HAV	EINY	OUR POSSE	SSION.
			*	Y	<u>ES</u>	NO
	a.	The Broker owes me securities		<u>\</u>		
See	b.	I owe the Broker securities				·
See enclosed Sheets	C.	If yes to either, please list below:				
OVER					Number of Face Amou	f Shares or nt of Bonds
	e of saction e date)	Name of Security	*		The Broker Owes Me (Long)	I Owe the Broker (Short)
				-		
				-		
<u> </u>				30		-
				:##X		
5) 				-	amagamagaga.V	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

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PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	*	YES	100	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		el <u>E</u>	V
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		-	V
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?			1
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	N		V
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	WANTED A R		1
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		ě _	V

9.	Have you or any mer ever filed a claim und Investor Protection A so, give name of that	der the Securities act of 1970? if		_/_	
	Please list the full na preparation of this cla		-		_
	cannot compute the amo please indicate your clai			estimated claim. In the	at
CONV	A VIOLATION OF F VICTION CAN RESULT SONMENT FOR NOT N	T IN A FINE O	OF NOT MORE	E THAN \$50,000 O	
	FOREGOING CLAIM I		ACCURATE TO	THE BEST OF M	Y
Date _	2/28/08	Signature_	Renee	Kidy)	
Date _		Signature_		0	
addres than a	nership of the account is ss, phone number, and e personal account, e.g., o uthority. Please supply t	extent of ownersh corporate, trustee	nip on a signed s , custodian, etc.,	eparate sheet. If other also state your capacit	e٢

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

May 08-01789-cgm<sup>25AM</sup> Doc 4111<sup>8</sup>23 File 05/27/11 Entered 05/27/11 17:31.44 <sup>13</sup>Exhibit D Part 10 Pg 15 of 30

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Claim Number	
Date Received	

#### BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

#### **DECEMBER 11, 2008**

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas TX 75201

Provide your office and home telephone no.

OFFICE: 508-990-3575

HOME:\_\_\_\_\_508-992-0880

Taxpayer I.D. Number (Social Security No.)

A DE RESPUENCIA DE LA COMPONIO DE L

Account Number: 1W0106
WESTPORT NATIONAL BANK
ATTN: DENNIS P CLARK V.P
1495 POST ROAD EAST
WESTPORT, CT 06880

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008;
  - a. The Broker owes me a Credit (Cr.) Balance of

\$ 300,714.72

b. I owe the Broker a Debit (Dr.) Balance of

\$\_\_\_\_

May 08-01-789-cgm<sup>25A</sup>Doc 4111 23 [National Part 10] Entered 05/27/11 17:31.444 13 Exhibit Depart 10 Pg 16 of 30

	G,	ii you wish to repay the Debit Dai	ance,					
		please insert the amount you wis	h to repa	y and				
		attach a check payable to "Irving H. Picard, Esq.,						
		Trustee for Bernard L. Madoff Inv		M				
		If you wish to make a payment, it	must be					
		with this claim form.	4	\$				
•0	d.	lf balance is zero, insert "None."						
2.	Cla	im for securities as of December 11	, 2008:					
PLEAS	E DO	NOT CLAIM ANY SECURITIES YO	U HAVE	IN YOUR POSS	ESSION.			
		*	2	YES _	NO			
	a.	The Broker owes me securities		X	Ü			
	b.	I owe the Broker securities			Х			
	Ċ,	If yes to either, please list below:						
		×		Messahara	of Shares or			
					n Snares or <u>Int of</u> Bonds			
	2	·			at times.			
Date o				The Broker	l Owe			
(trade da		Name of Security	ï	Owes Me (Long)	the Broker (Short)			
<u> 1871 - 1</u>		1046.9909 units Westport No.: 1-W0106-3-0		Bank Custodian	BLM .			
3		See Statement Attached		#	74			
		Total value as of 11-30-2	8008	\$300,714.72	2000			
				-				
<u> </u>					6.48			
		(#)		9				
	40.00							

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

### May 08-01789-cgm 6ADoc 4111-23 I Filed 05/27/11 Entered 05/27/11 17:31.44 13 Exhibit D Part 10 Pg 17 of 30 WESTPORT NATIONAL BANK INDIVIDUAL ACCOUNT STATEMENT DATE: 11/30/08

, WESTPORT NATIONAL BANK as Cyslodian BLMIS Account # 1-W0106-3-0

WNB Account#	69 00 1104 3 00	
Account Name	JUDITH M SOUZA ROLLOVER	IRA
# of Units		
% share of total units	r	0.005
		D1000
Name of Security:	No of Securities	 (Note
AT & T		438.7
Abbott Labs		118.7
Altria Group		153.2
Amgen Inc.	3	80,26
Apple Inc.	* * * *	65.89
Bank of America		376.94
Bank of NY Mellon		85,83
Baxter int'i		45.85
Bosing		51.61
Bristol Myars Squibb		148,13
CVS Caremark		07,73
Chevron Corp		55.43
Claco Systems		40.88
CITI Group		09.08
Coca Cola		48,13
Colgate Palmolíve	)	4.23
Comcast Corp. CL A		
onoco Phillips		15.030
Vall Disney		41,22
xelon Corp.		5.927
xxon Mabile Carp		92.393
eneral Electric		14,343
oldman Sacchs Group		7.966
		4.596
ewiett Packard		4.653

## May.08-01789-cgm36AMDoc 4111828LINFile 105/27/11 Entered 05/27/11 17:31.4413 Exhibit Do Part 10 Pg 18 of 30 WESTPORT NATIONAL BANK INDIVIDUAL ACCOUNT STATEMENT DATE: 11/30/08

WESTPORT NATIONAL BANK as Cuslodian BLMIS Account # 1-W0106-3-0

-	WNB Account#	* *	69 00 1104 3 00	
	Account Name	JL	IDITH M <u>SOUZA ROLLOV</u> I	RIRA
Home Dapol			11780# 10 No 218 No - 1	128.7814
Intel Corp.	90 2 Parties	:-	F 97 64 97	419.4527
int'i Businesa Ma	chines	- No. 16	and the second	102,1866
J.P. Morgan Cha	50		820	2,77.3036
Johnson Johnson	1	į		209.9176
Kraft Foods	36. 3	36 16.04		114.1834
McDonalds Corp.				54,9872
Medtronic .	on record materials of emotion	and a gar		85.B339
Merck	~	: 		_ 160.5789
Microsoft Corp.	<u></u>			588,6211
Occidental Petro			s ex service a ma	63.9368
Oracle Corp.			## ( / · / · / · / · / · / · · / · · · · ·	296.6594
Pe <u>psico inc,</u> , .		- L.,	W. /	116.7847
Pfizer inc.	to be seen as a			506.1945
Phillip Morris				155.8200
Proctor & Gamble		42		226.4236
Qualcomm Inc.	N 00 00 00	79 3 F	90 k	124.0837
Schlumberger		S a some se		89.7461
3М Сотрапу				51.0933
[Ime Werner				31.3282
J S Bancorp	New Action	! =		_131,3828
Inlied Parcel SVC	ClassB	· · · · · · · · · · · · · · · · · · ·		72.9904
		20		
	A PROVINCE AND ADDRESS.	100		- 1
	- 18/ <del>2</del> ( <del>- 1</del>			
/yeth				11.8539

May 08-01789-cgm Doc 4111-23 Filed 05/27/11 Entered 05/27/11 17:31.44 350 Exhibit D Part 10 Pg 19 of 30
WESTPORT NATIONAL BANK INDIVIDUAL ACCOUNT STATEMENT DATE: 11/30/08

as Custodian BLMIS Account # 1-W0108-3-0

WNB Account #	<u>69</u> 00_1104 3 00
Account Name	JUDITH M SOUZA ROLLOVER IRA
Fidelity Spartan Money Market	
S & P100 Index Dec 430 Call	6.452
S & P100 Index Dec 420 Put	6.4523
8 & P 100 Index Dec 380Call	0.846
S & P 100 Index Dec 380Calf	0,846
	**
Note 1: The transactions giving rise to the Number of Securities are detailed in the Final BLMIS Statement delivered to WNB.	

Information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

			<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account sind December 11, 2008? If so, please explain.	ce		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?			x
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?			X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		·	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	-		<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	-	Х	

May 08-01789-cgm<sup>6AM</sup>Doc 4111<sup>8</sup>25<sup>LI Me</sup>ile a 05/27/11 Entered 05/27/11 17:31 44<sup>13</sup> Exhibit Depart 10 Pg 21 of 30

9,	Have you or any member of your family ever filed a claim under the Securities	
	Investor Protection Act of 1970? if	
	so, give name of that broker.	
	Please list the full name and address of anyone assisting you in the	
	preparation of this claim form: <u>Joseph E. Perry, Esq., 100 Eighth Stree</u> New Bedford, MA 02740	t
lf vou co	annot complife the executed of control in the control of the contr	
case, ple	annot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.	
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. STION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR COMMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.	
THE FO	DREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY IATION AND BELIEF.	
Date	2/27/09 Signature Ludies M Source	
Date	Signature	
than a per	ship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other resonal account, e.g., corporate, trustee, custodian, etc., also state your capacity brity. Please supply the trust agreement or other proof of authority.)	

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

8. Robert L. Silverman PSCC Service, Inc. 1175 Fost Road East Westport CT 06880 203-226-4238 

CHICH	COE.		12	A 1	N.A.
CUST		IEK		ΑI	IIVI

Claim Number_	
Date Received_	

#### BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

	DECEMBER 11, 2008
Irving H. Picard, Esq. 'Trustee for Bernard L, Madoff Investment Securit Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, TX 75201	OFFICE: 508-990-3575  HOME: 508-992-0880
Account Number: 1W0106 WESTPORT NATIONAL BANK ATTN: DENNIS P CLARK V.P 1495 POST ROAD EAST WESTPORT, CT 06880	Taxpayer I.D. Number (Social Security No.)
(If incorrect, please change)	
3.	*
ACCOMPANYING INSTR BE FILED FOR EACH A AFFORDED UNDER SIPA TRUSTEE ON OR BEFO DATE, BUT ON OR BEF	HIS CLAIM FORM, BE SURE TO READ CAREFULLY THE UCTION SHEET. A SEPARATE CLAIM FORM SHOULD COUNT AND, TO RECEIVE THE FULL PROTECTION, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE RE March 4, 2009. CLAIMS RECEIVED AFTER THAT ORE July 2, 2009, WILL BE SUBJECT TO DELAYED THE SATISFIED ON TERMS LESS FAVORAGE.

1. Claim for money balances as of December 11, 2008:

RECEIPT REQUESTED.

a. The Broker owes me a Credit (Cr.) Balance of

\$<u>33,543.75</u>

b. I owe the Broker a Debit (Dr.) Balance of

CLAIMANT, PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN

May 08-01-789-cgm² 7 Mboc 4111125 LINGile 6105/27/11 Entered 05/27/11 17:31 144 13 15 x hibit D 2 Part 10 Pg 24 of 30

	G,		chay the pent p				
		please insert t	ne amount you w	ish to rep	pay and		
		attach a check	attach a check payable to "Irving H. Picard, Esq.,				
		Trustee for Be	rnard L. Madoff II	nvestmer	nt Securities	LLC."	
		If you wish to r	nake a payment,	it must l	be enclosed	Ĺ	
		with this claim	form.	1.5	\$	S	
	d.	If balance is ze	ro, insert "None."	п			
2.	Clai	m for securities a	as of December	11, 2008	•		26
PLEASE	DO	NOT CLAIM AN	Y SECURITIES \	OU HA\	/E IN YOUR	POSS	ESSION.
		*		8	YES		NO
	a.	The Broker owe	es me securities		<u> </u>		
g	b.	I owe the Broke	er securities				<u> </u>
	C.	If yes to either,	please list below		4		
				*	Νι	ımberç	of Shares or
		*	×		Fac	<u>e Amou</u>	unt of Bonds
Date of		總方	*		The f	Broker	· I Owe
Transacti	ion				Owes		the Broker
(trade da	te)	1	lame of Security		(Loi	ng)	(Short)
	5	Account	units Westport No.: 1-W0106 tement attached		l Bank Cust	odian I	BI.M
d		Total va	lue as of 11-30	D <b>-2</b> 008	\$33,54	3.73	*
	-	-		4			-
	_				8		
	120						
				9	500000000		sensorestern.

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

# May 08-01789-cgm<sup>7AM</sup>Doc 4111-23-I File 05/27/11 Entered 05/27/11 17:31.44<sup>13</sup> Exhibit D<sup>3</sup> Part 10 Pg 25 of 30 WESTPORT NATIONAL BANK INDIVIDUAL ACCOUNT STATEMENT DATE: 11/30/06

WESTPORT NATIONAL BANK as Custodian BLMIS Account # 1-W0106-3-0

WNB Account#	69 00 3032 3 00		
Account Name	JUDITH M SOUZA ROTH IRA		
# of Units	116.7564		
% share of lotal units	0.000588		
Name of Saurebur			
Name of Security:	195		
Abbott Labs	W.		
Altria Group			
	17,0932		
Amgeninc.	8.9536		
Apple Inc.	7.3257		
	42.0359		
Bank of NY Mellon	9.5719		
Baxter Int'i	5.1244		
Boeing	5.7563		
Bristol Myers Squibb	16.5198		
CVS Caremark	12,0137		
Chevron Corp.	17.3338		
ilsco Systems	49.1659		
ITI Group	45,6199		
oca Cola			
olgate Palmolive	0.4721		
omcast Corp. CL A			
anaca Phillips	12.6277		
/all Disnay	15.7485		
xelon Corp			
xxon Mobile Corp	43.7582		
eneral Electric	87.4670		
oldman Sacche Croun			
	1.5279		
wiett Packard	20.5896		

## May 08-01789-cgm<sup>27AM</sup>Doc 4111<sup>B</sup>23<sup>L I M</sup>eiled 05/27/11 Entered 05/27/11 17:31.44<sup>13</sup>Exhibit D<sup>4</sup> Part 10 Pg 26 of 30 WESTPORT NATIONAL BANK INDIVIDUAL ACCOUNT STATEMENT DATE: 11/30/08

WESTPORT NATIONAL BANK as Cusiodian BLMIS Account # 1-W0106-3-0

WNB Account #	68 00 303 <del>3</del> 3 00
Account Name JUDI	TH M SOUZA ROTH IRA
Home Depot	14,3612
Intal Corp.	46.7758
Int'l Business Machines	11.3955
J.P. Morgan Chaso	30.9305
Johnson Johnson	23.4092
Kraft Foods	
McDonalds Corp.	9.4774
Medironic	9.5719
Merck	17.9071
Microsoft Corp.	65.6408
Occidental Petro	7, 1300
Oracle Corp.	33.0823
Pepsico Inc.	13,0234
Pfixer Inc.	55,4489
Phillip Morris	17.37 <u>65</u>
Proctor & Gamble	25,1384
Quelcomm.ing.	13.8373
Schlumberger	10,0081
3M Company	5.6977
Time Warner	3.4936
U S Bancorp	14.6513
United Parcel SVC ClassB	8.1396
United Toch. Corp.	8.1396
/erizon Comm.	, 23.6498
Val Mart. Storos	18.7211
Vells F <u>arg</u> o	28.1468
Vyeth	1.3219

May 08-01789-cgm<sup>27AM</sup>Doc 411123-INFILE 05/27/11 Entered 05/27/11 17:31.4413 Exhibit D 5
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WESTPORT NATIONAL BANK INDIVIDUAL ACCOUNT STATEMENT DATE: 11/30/08

WESTPORT NATIONAL BANK as Custodian BLMIS Account # 1-W0106-3-0

WNB Account #	. 69 00 3032 3 00
Account Name	" AŖI HŢ <u>O</u> R ASUOS M HŢICUL
Fidelity Sparten Money Market	15. <u>02</u> 11
8 <u>&amp; P</u> 100 Index Dec 430 Call	0,719:
S & P100 Index Dec 420 Put S & P 100 Index Dec 380Call	0.718
3 & P 100 Index Dec 380Call	0.0944
Vote 1: The transactions giving rise to the fumber of Securities are detailed in the Final SEMIS Statement delivered to WNB.	

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	punto vivia 3	X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	· gamanan parangga san	X
б,	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	*	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	—·	X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	X	

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.
a.	Please list the full name and address of anyone assisting you in the preparation of this claim form: Joseph E. Perry, Esq. 100 Eighth Street, New Bedford, MA 02740
If you ca case, ple	annot compute the amount of your claim, you may file an estimated claim. In tha ease indicate your claim is an estimated claim.
CONVIC	N VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. STION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR CONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
INFORM.	PREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY ATION AND BELIEF.
Date	2/27/09 Signature Lewis In Sour
Date	Signature
address, i than a per	ship of the account is shared, all must sign above. Give each owner's name, phone number, and extent of ownership on a signed separate sheet. If other resonal account, e.g., corporate, trustee, custodian, etc., also state your capacity prity. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Plcard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

502180406

8. Robert L. Silverman PSGC Service, Inc. 1175 Post Road East Westport CT 06880 203-226-4238